Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>08-0</u> 3-2011	Address:	717 1/2 South McCain
Case #:	1 <u>61</u> ·208014		<u>Kokonio, IN 46901</u>
County:	<u>Howard</u>		Howard County
Type of Laboratory Seizure (check one) Decrational Lab		Scizure Location (check all that apply) Residence Hotel/Motel	
Chemic Dumpsi	al/Glassware/Equipment (only) ite (only)	Outbuilding Vehicle	Open - No Structure Other; <u>N/A</u>
Items Found: Location (bedroom, kitchen, open sir, etc)			
(check all that apply) [] Lithium/Ammonia Reaction(s): N/A			
Red Phosphorous/Iodine Reaction(s): N/A			
☐ Flammable Solvents: bedroom			
Water Reactive Metal (Litbium): N/A			
Anhydrous Ammonia: N/A			
☐ Hydrochloric Acid Gas Generator(s): N/A			
Corrosive Acid: bcdroom			
Corrosive Base: bedroom			
Other (item and location): <u>N/A</u>			
Child under age 18 discovered (check one) Investigative Information			
Yes No	/A (number present)	☐ Ephedrin ☐ Retail/M	e/Pseudoephedrinc Tracking Log erchant Tip CDTF investigation
This report is to be faxed to the following agencies that serve the location:			
Fire Depart	iment: Kok <u>omo Fd</u>	Fax: <u>(765) 456-7580</u> Fax: <u>(765) 456-2292</u> Fax: N/A	
Health Dep	oartment: <u>Howard Co.</u>		
Child Prote	ection Service: <u>N/A</u>		
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>Joshua Maller</u> Phone (765) 473-6666			

- This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.
- *** This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.